

a product purported to be derived from digitalis, Harrison and coworkers² of the Vanderbilt University Department of Medicine claim a decrease in cardiac output, from which they make the deduction that digitalis is a cardiac sedative and should not be used in circulatory failure due to shock toxins. These authors infer that shock in experimental animals accounts for the increased cardiac output under digitalis observed by Cushny, Tigerstedt and others. In their sweeping deductions, which would contravene the well known and accepted clinical actions of this drug, the Vanderbilt investigators do not consider blood pressure changes, which they have neglected in their experiments, nor the well-known difference in digitalis response of dogs and human subjects, namely, that the increase in blood pressure in dogs does not occur in man. It is obvious that a drug which increases myocardial irritability is not a sedative, whether it decreases cardiac output or not. In dogs the blood pressure change (increase) alone will account for any diminished blood flow, and it is to be assumed that any drug which increases blood pressure will diminish cardiac output. It seems clear that in this work a rather free, though unwarranted, assumption has been made, namely, that results from dogs are directly transferable to man. What is not so clear, and even more regrettable, is why an official preparation of digitalis, or some well known and understood digitaloid product, was not used in this study. Instead, however, a secret, and to the Council on Pharmacy and Chemistry unacceptable, product³ was used. Clearly, therefore, criticisms of thoroughly established work with digitalis based on results with such a product without controls of its action and comparisons with well-known digitaloids are misleading and will not be readily accepted.

One may be ready to admit that certain types of circulatory disease and heart failure may present an increased cardiac output, even in extremis, just as in certain cases a high arterial pressure may be maintained till death, and that in some cases digitalis may decrease the blood flow, as in other cases it may diminish blood pressure. However, the importance and logic of the situation demand more than mere mention of possibilities. It is to be hoped that investigators of these fundamental questions will consider blood pressure, among other things, along with cardiac output, and, in observing drug action, will use recognized rather than proprietary and unaccepted products.

SCIOSOPHISTS AT THE LEGISLATURE

The president of the Santa Barbara branch of the American Association for Medical Progress, Inc. (see page 388), as well as a number of other organizations and individuals, are deeply concerned lest the legislature now in session may follow the lead of Tennessee and pass an anti-evolution law in California.

There is no doubt but that sciosophists are doing all they can in that direction, and they have suc-

ceeded in getting their bill introduced in the assembly.

It is difficult to get excited over proposed legislation of this character because we believe the legislators of California are too intelligent to see more than a little humor in the situation; and if by chance they should pass such a law, we feel confident that Governor Young, who is also chairman of the Regents of the great State University, would veto it.

After all, Mohammed had to go to the mountain, and sciosophists of the anti-biological science type will have to go to their mountain or they will disappear with the rising tide of public enlightenment. Biological laws are no more susceptible to man's ordinances than an elephant's hoof to the bite of mosquitos.

It is said that never before was there such interest in biology, including the laws of evolution, as there is today among the youth of Tennessee. There are more boys studying evolution than there are learning to smoke cornassel cigarettes in the alleys out behind the barn. The younger ones think such study a lark, while those more mature realize that without a fundamental knowledge of biology they may not travel far along the road of education in Tennessee or elsewhere.

Our legislators lead tense, strenuous lives during the session. By all means let them have a little fun. Most of them are educated, intelligent citizens, and our First Citizen sitting downstairs in the Capitol is a graduate from, and now presiding officer over the destinies of, a great university.

The Council on Physical Therapy of the American Medical Association (*Journal A. M. A.*, July 22, 1927), on the basis of the present available evidence, is convinced that the sale of generators of ultraviolet energy to the public for self-treatment is without justification. The Council bases its condemnation of the sale of such apparatus for this purpose on the following grounds:

1. The uninformed public could not take the proper precautions in administering treatments and, as a result, severe general burns or grave injury to the eyes might ensue.
2. Those not familiar with the possibilities of such apparatus would be led to place unwarranted confidence in the therapeutic value of such treatment by the claims that might be made in the literature advertising such generators, and to undertake to treat serious conditions not amenable to such treatment.
3. The unrestricted possession of such therapeutic means would tend to deprive people of expert diagnosis by encouraging them to make self-diagnoses.
4. Such practice would encourage the sale of useless and fraudulent lamps which would be advertised as generators of ultraviolet rays, since the public would have no means at its disposal to determine the quality or quantity of the radiant energy emitted by such lamps.

For the foregoing reasons, the Council on Physical Therapy considers as detrimental to public welfare the sale or the advertising for sale, directly to

2. Harrison and Leonard: *J. Clin. Investigation*, 1926, 3:1; Harrison and Blalock: *J. A. M. A.*, 1926, 87:1984.

3. Digifolin, *New and Non-Official Remedies*, 1926, p. 403.

the public, of a generator of ultraviolet energy. Under rule 11 of its Official Rules, the Council will declare inadmissible for inclusion in its list of accepted devices for physical therapy apparatus manufactured by a firm whose policy is in this matter detrimental to public welfare.

There comes a time in the career of almost every physician when he has a desire to communicate his experiences in the practice of medicine to his colleagues. It may be the report of a single case or it may be the publication of an epoch-making discovery, but the success he attains in conveying his message to others in a written paper will depend largely, if not entirely, on how it is presented. He may have been a very successful physician who has read widely, but when it comes to conveying his own thoughts to others through the printed page he may find it extraordinarily difficult.

The reviewer of current medical literature is thoroughly cognizant of the fact that much valuable information is entirely lost annually in the vast number of papers published, because the authors fail to assist the reader in arriving at the true meaning quickly and easily with the least amount of mental effort. The busy reader usually prefers to pass on to the more readable paper. The author's style did not command the respect, interest and attention that it may have otherwise received. It is, therefore, not difficult to understand that badly arranged and poorly planned papers rarely secure more than a brief glance from the reader and editor, regardless of their merit and the information the contribution may contain.—*Internat. Med. Digest.*

The doctor who succeeds in private practice today will do so for precisely the same reasons that the proverbial old time family doctor succeeded. There are a few basic principles of success—some inherited and others acquired.

Doctor Francis Graham Crookshank (*Forum*, February) discusses one of the most important and the one most frequently overlooked. "Cases" are as cold-blooded and impersonal as a forge in a Ford factory, disease is little better.

It is patients, persons, individuals (not cases nor diseases) who require service, and any physician who forgets or ignores the fact is doomed to failure. True, some such do make money, but they never become physicians.

The plea that successful busy practitioners with limited time and special skill cannot afford to care for those in moderate circumstances sounds reasonable. But such doctors can do much in the way of extending their skill to the care of this class of patients by using the younger men in the profession ostensibly to look after detail, but in reality to do the work. By so doing they discharge a threefold duty.

First: They assist materially in aiding the younger men to gain the confidence of the laity earlier than they would otherwise.

Second: They do not enrich the harvest field of the quack and cultist with patients who should go to our younger men.

Third: They do not drive to free clinics people of moderate means, who are able and desire to pay what they can.—S. D. Van Meter, *Colorado Med.*

MEDICINE TODAY

Current comment on medical progress, reviews of selected books and periodic literature, by contributing editors

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Anesthesiology

THE increased interest in and use of local anesthesia in major surgery was stressed at the Congress of Anesthetists, which convened with the British Medical Association at their annual meeting at Nottingham in July, 1926. At the joint meeting of the Section on Anesthesia with the Surgical Section, Professor Finsterer of Vienna, who demonstrated his methods in San Francisco a couple of years ago, reported 807 abdominal sections under splanchnic anesthesia without a death. He emphasized the dangers of ether and deplored the impossibility of using gas in his clinic because of cost and the lack of qualified administrators. He strongly advocated "combined anesthesia," i. e. local and nitrous oxide and oxygen, in those cases where local alone proves inadequate.

Anesthesia in relation to cardiovascular affections was the subject of a paper by F. W. Price of London and the discussion by Blomfield, author of a new treatise on anesthesia, and Ernest Von der Porten of Hamburg was of much interest.

The president-elect of the British Medical Association, Sir Robert Philip of Edinburgh, where the next annual meeting is to be held in celebration of the centenary of Lister, emphasized the rôle of the anesthetist as the "physician of the surgical team."

The meetings of the Scottish Anesthetists in Glasgow and Edinburgh and those in Nottingham with the British Medical Association have been reported at length in the *Journal of the British Medical Association*, the *Lancet*, and the *British Journal of Anesthesia*.

Professor Haldane presented a paper on the "Physiology of Respiration" to the Anesthetic Section of the Royal Society of Medicine, London, which is published in the October number of the Proceedings of the Royal Society of Medicine. Anesthetists will find much of value in this paper on the respiratory problems of anesthesia.

The clinics arranged for the visiting anesthetists at the Glasgow Royal Infirmary, the University of Edinburgh, Bartholomew's, Guy's, Middlesex and the Royal Dental Infirmary, London, impressed them with the skill and training along physiological and pharmacological lines of the British anesthetists.